FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNIJAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	ONI	(<u>1</u>	Secretary of State DIVISION OF CORPORA		ONS					
	OCUMENT Corporation Name	# S9675	6	(9)							
	INVESTMENT	RESEARCH & MAN	AGEM	ENT, INC.							
	rincipal Place of Business		Mailu	ng Address							
	200 S. PARK ROAD			200 S. PARK ROAD							
425 HOLLYWOOD FL 33021 US				425 HOLLYWOOD FL 33021 US							
							3.	Date Incorporated or Qualified		3a. Date of Last Report	
	US							11/26/1991		05/01/1	
2				a. Maling Address			4.	FEI Number			Applied For
21				City Apt 4 plo				65-0424444			Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	. Certificate of Status Desired			Additional Required
	City & State	4 - MA MARTINE TO THE TOTAL CONTROL OF THE TOTAL CO	and the same of the same	Dity & State			6.	Election Campaign Financing		\$5.0	O May Be
23	n '		28					Trust Fund Contribution			d to Fees
	Zip	Country	<u> </u>	fip Co.	intry		6.	This corporation has liability for reflected Statutes Yes		ix under s	199.032,
24		25 and Address of Current	29 Registe	rod Accept	τ		1	Florida Statutes Yes Name and Address of New R		Agent	
	y, Name	e and Address of Content	negiste	TO Agent	81	Name	10	, , , , , , , , , , , , , , , , , , , ,	•		
	LAW PRACTICE	OF J.B. GROSSMAN, F	A		82	Ctropt Adds	200 /P	O. Box Number is Not Acceptab	اها		
	2875 N.E. 191S			62 Street A		Street Addin	6 55 ()	.O. Box (various is vacious decopidad			
		EACH FL 33180			83						
					84	City				85 Z ₁	p Code
L					<u> </u>				FL	. _ _	aristand office
1	 or registered agent, o 	r both, in the State of Florid:	i. Such c	change was authorized by the	ove i corp	named corpor poration's boar	ation : rd of c	submits this statement for the pur directors. I hereby accept the appo	pose or cha pintment as	registered	agent Lam
	familiar with, and acce	ept the obligations of, Section	n 607.05	505, Florida Statutes.							
S	BIGNATURE	For partied have of najectars; agest a	ndish ifagi	ase (N'HE Bogistore	1 A.jer	r Estignaturé dequiré	owher a	ren (stato •g)	DA*F		
1	2.	OFFICERS AND						ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
Ť	ITLE DP			DELETE 111	I'LE				[Change	☐ Addition
N		KIN, BRUCE		12 N	4ME						
S				1.3 S	TREE	T ADDRESS					
C	Y-SI-2IP HOLLYWOOD FL				1.4 C/TY - ST - 7/P						T Addit on
	,	VD				2 1 TITLE 2 2 NAME			L	Change	Addition
		., PAUL RICHARD				1 ADDRESS					
1	1101	S. PARK ROAD #425 LYWOOD FL				I ADDRESS					
├	CITY-ST-ZIP HUL	LIMOUD FL		DELETE 3.1		\$1 - 24F		AAAANAA TAATA	i	Change	Add-tion
	IAME			321							-
	STREET ADORESS					T ADDRESS					
1	DITY-S1-ZIP					ST - Z -P					
	TILE			DELETE 4.1						Change	☐ Addition
1	IAME			421	14ME			60000179	112	36	
5	STREET ADDRESS			435	THEF	1 ADDRESS		60000179 -04/23/96011 ***200,00	310:	33 _	
	CITY-ST-ZIP				ITY -:	ST - ZIP		***200,00			
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١,	NAME			521	AME						
9	STREET ADDRESS			533	THEE	LADORESS					
	DITY-ST-ZIP				TITLE	ST-ZIF				CD CD2002	☐ Add tion
	tivi c			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1:14 E	1					I I MOO OUN

64 CITY - ST ZiP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information and all does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information and all-d on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or prepture of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block as if changed, or on an attachment with an address

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

LOW Bruce HOLK, N
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)